

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESPITE HOUSE (410406)

Address: 1325 EASTMAN ST, OSHKOSH, WI 549031241

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095560 **End Date:** 09/09/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092948 **End Date:** 07/14/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Enforcement History

Date: 04/17/2003	SOD #10006220	Appealed: Yes	Decision: STIPULATION
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Sanctions

OTHER SANCTION

FORFEITURE---83.14(4)

FORFEITURE---83.43(4)(b)3 and continuing \$10/day

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Complaint History

Date Complaint Received: 07/01/2004

Date Investigation Completed: 07/20/2004

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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